

**WATER DIVISION NPDES PROGRAMS BRANCH CONCURRENCE SHEET****(For General Correspondence, FOIAs, and Controls)**

**SUBJECT:** U.S. Environmental Protection Agency Review of the Public Notice NPDES Permit,  
Springfield Metro Sanitary District, Sugar Creek STP, Permit No. IL0021971

**FOIA/CONTROL NUMBER:** Click here to enter text.

**DATE DUE:** Click here to enter a date.

Checkbox	Name (Print)	Initials	Date
<input checked="" type="checkbox"/> <b>APA</b>	Dan Locke	<u>DL</u>	<u>3/18/15</u>
<input checked="" type="checkbox"/> <b>Originator</b>	Mark Ackerman	<u>MA</u>	<u>3/18/15</u>
<input checked="" type="checkbox"/> <b>Section Chief</b>	Scott Ireland	<u>DSI</u>	<u>3/24/15</u>
<input checked="" type="checkbox"/> <b>Branch Chief</b>	Kevin Pierard	<u>KP</u>	<u>3.25.15</u>
<input type="checkbox"/> <b>Division APA</b>	Jessie Ortiz	_____	_____
<input type="checkbox"/> <b>Associate Director</b>	Tim Henry	_____	_____
<input type="checkbox"/> <b>Division Director</b>	Tinka Hyde	_____	_____

Checkbox	Name (Print)	Initials	Date
<input type="checkbox"/> <b>Office of Regional Counsel</b>			
<input type="checkbox"/> <b>Staff Attorney</b>	Click here to enter text.	_____	_____
<input type="checkbox"/> <b>Division APA</b>	Darlene Weatherspoon	_____	_____
<input type="checkbox"/> <b>Division Director</b>	Robert Kaplan	_____	_____

All correspondence for Regional Administrator Signature must go to the Office of Regional Counsel and the Congressional Liaisons for review prior to being sent to the 19<sup>th</sup> Floor.

☐ **Office of Regional Administrator**

Checkbox	Name (Print)	Initials	Date
<input type="checkbox"/> <b>Congressional Liaison</b>	Click here to enter text.	_____	_____

Regional Administrator's Office will attach separate signoff sheet.

File Name and Location: G:\NPDES\Working Documents\Permit Reviews\Illinois\IL0021971 -  
Springfield Metro San District\IL0021971\_Springfield Metro Sugar Creek\_Draftperltr\_2015\_03\_10.Docx